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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/588,221			ing Date 27/2006	☐ To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2) SMALL ENTITY												HER THAN	
Н	FOR	N	NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A		ı	N/A		1	N/A		
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A		ı	N/A		1	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A		1	N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		П	x \$ =		OR	x s =		
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =		•		ı	X \$ = 1		1	X \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	shee is \$2 addit 35 U	If the specification and dra sheets of paper, the applic is \$250 (\$125 for small ent additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and			n size fee due for each n thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		J	TOTAL		
APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3) SMALL ENTITY										OR	OTHER THAN OR SMALL ENTITY		
AMENDMENT	07/29/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	* 9	Minus	- 20		= 0	П	X \$26 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 3	Minus	4		- 0	П	X \$110 =	0	OR	X S =		
	Application Size Fee (37 CFR 1.16(s))												
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus				П	× \$ =		OR	x s =		
M	Independent (37 CFR 1 16(h))		Minus	***			П	x s =		OR	x s =		
N.	Application Size Fee (37 CFR 1.16(s))						ı			l			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						ı			OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** 11	* If the entry in column 1 is less than the entry in column 2, write *0° in column 3.  "If the *Highest Number Previously Paid For "N THIS SPACE is less than 20, enter *20°.  "If the *Highest Number Previously Paid For "N THIS SPACE is less than 3, enter *3°.  The *Highest Number Previously Paid For "Clotal or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 39 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including patienting, preparing, and submitting the completed application from the USPTO. Time will way depending on the individual case. Any comments or amount of time you require to complete his form and/or suggestions for reducing this formation, should be sent to the Chief Information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Disk 1470, Alexandrius, V.S.231-4450, D.O. NOT SEND FEES OR LOWNELEET D-ORMNET OT HIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.